

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23	1		1	1			73			
24			1	1			74			
25	1		1	1			75			
26			1	1			76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36			1	1			86			
37			1	1			87			
38			1	1			88			
39			1	1			89			
40			1	1			90			
41			1	1			91			
42			1	1			92			
43			1	1			93			
44			1	1			94			
45			1	1			95			
46			1	1			96			
47			1	1			97			
48			1	1			98			
49			1	1			99			
50			1	1			100			
Total Indep	4						Total Indep			
Total Depend	10						Total Depend			
Total Claims	14						Total Claims			